



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Haven Homecare Trust

Cardiff

Type of Inspection – Focused

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## Summary

### About the service

Care and Social Services Inspectorate Wales (CSSIW) registered Haven Homecare Trust as a domiciliary care agency to provide personal care to people living in their own homes who are older people, people with physical disabilities, people with sensory loss/impairment, people who have mental health needs and people who have dementia care needs.

The agency is based in Cardiff. At the time of inspection, the agency provided support to 40 people in the Cardiff area. The agency has a registered manager: Jennifer Yarham and the company has a nominated Responsible Individual.

### What type of inspection was carried out?

We (CSSIW) carried out an unannounced, focused inspection as part of our annual inspection cycle. The inspection therefore focused on the inspection theme concerning the quality of life for people using the service.

To inform the inspection we:

- reviewed information held by CSSIW about the agency
- spoke with three people / their representative who received care services from the agency
- reviewed three service user care files
- had discussions with the registered manager and care and office staff
- analysed information provided by the manager – including the agency's latest annual report and four of its' weekly newsletters to staff.

### What does the service do well?

The agency had demonstrated a commitment to continuity of care for a service user by maintaining a positive and professional relationship with their family representative when faced with sensitive circumstances. The agency balanced the needs of the family member and their care staff with great understanding and consideration of the needs of all concerned.

Agency staff seek to ensure people using their service have opportunities to participate in social and spiritual activities they would otherwise not be able to access.

### What has improved since the last inspection?

There were no areas of non-compliance identified during the previous inspection; therefore no improvement action was required. The agency continues to provide a professional, reliable service.

### What needs to be done to improve the service?

No actions are required as the agency was found to be compliant with the Domiciliary Care Agencies (Wales) Regulations 2004.

Recommendations:

It was recommended to the registered manager that greater clarity and consistency is adopted with regard to recording on the medication administration records.

## Quality Of Leadership and Management

Overall, people can be confident the agency is well managed and run in accordance with the Domiciliary Care Agencies (Wales) Regulations and the National Minimum Standards for Domiciliary Care Agencies in Wales. The managers and the office based staff demonstrated a clear understanding of their responsibilities and a commitment to provide a continually improving service.

We were provided with a copy of the agency's latest Annual Report which detailed quality assurance and monitoring information. The report included information received from service users and staff via satisfaction questionnaires they had been invited to complete. The agency received information in which 100% of the responses received from service users showed how they agreed or strongly agreed that the service and agency staff provided good quality services which were tailored to their needs, with staff providing punctual care in a polite and courteous manner.

Staff responses were equally positive; all respondents expressed how they found the management approachable and supportive, one member of staff commented: "I have always felt supported and encouraged while working for Haven".

The agency had received no formal complaints during the previous 12 months. We saw comments from family members to managers about specific preferences of the service user or family. These had been promptly and sensitively resolved, ensuring the requests were addressed whilst care staff were supported to accommodate any changes required.

Family members told us they rarely needed to make contact with the office but on the occasion when they needed to, staff were easy to contact and responsive to their enquiry.

The agency had received cards containing compliments, thanks and praise for the quality of care they had provided to service users. They thanked staff and commented how "knowing that [our family member] was in good caring hands made it possible for me to relax" and another expressed how "[the service user] was very grateful to all the 'kind hands' that helped".

The registered manager told us how staff, including herself and office based staff, visited service users over the Christmas period to sing Carols. We saw photographs of the registered manager and administrator singing and were told how people had appreciated this as they were unable to attend Carol Services held in their local community. The agency regularly supported service users to attend their place of worship and/or to participate in local faith based groups and activities.

## Quality Of Life

Overall, people receiving care services can be assured they are provided with a good quality, professional service which meets their individual needs. People experience care from staff who have a good awareness and knowledge of the people they are caring for and have a good understanding of their individual needs. People receiving a service or their relative, commented on the professionalism of the staff, they told us how staff are “friendly”, “lovely”, “really nice” and “brilliant”. Another person told us how they were “really thrilled to have Haven” and how they feel “confident that [family member] is safe”.

At the agency’s office base we considered the care files for three people. We examined a sample of service user care documentation including the service delivery plan (care plan). These documents are required by the regulations to set out a person’s needs and the actions required from staff to meet those needs in accordance with the individual’s wishes and preferences. We found that the service delivery plans were very clear, detailed and written in a way that incorporated the individual’s preferences. The plans had been agreed with the service users and sought to promote their independence; they were reflective of the care and support detailed in the local authority care plan.

Risk assessments had been completed with a good level of detail and guidance for staff. These were appropriate to the person’s needs and included appropriate reference to the equipment the person used (e.g. hoist, wheelchair, slide sheets). All documentation relating to care had been reviewed regularly and had been signed and dated to acknowledge consent and agreement by the service user and the registered manager.

We considered the medication administration records (MAR). We saw some unexplained gaps and variation in the way prescribed medication is recorded on the MAR. We discussed these issues with the registered person, who explained that family members sometimes administered the person’s medication and this was noted in the person’s records. To ensure that safe practices are in place for the handling of medication, the registered persons must ensure the record is clear and shows when medication has been given by others. We were assured that this would be communicated to staff and medication records would be audited to monitor this. This will be followed up at a future inspection.

The agency has a carer who is a Welsh speaker and therefore is able to support people who may have a preference to communicate in Welsh.

Overall we found that people can be confident that they receive a responsive, reliable, quality service from a regular team of care staff.

## Quality Of Staffing

Overall, we found that the agency has a low turnover of staff which is positive for people receiving services. We saw documentation that staff receive positive feedback, support and regular communication about their work schedules; weekly news letters communicated staff news and any areas of note for the forthcoming week. The newsletter included positive comments from managers or others to staff regarding their work, as well as points where improvements were politely requested.

This theme was not otherwise explored; in accordance with the current CSSIW inspection process for focused inspections.

## Quality Of The Environment

The agency operates from designated premises that are suitably equipped for the purposes of the day to day operation and management of the service. People using the service can have confidence that their personal information is kept securely.

The agency's CSSIW registration certificate was displayed within the premises.

The Quality of Environment theme was not otherwise explored at this inspection in accordance with the current CSSIW inspection process for domiciliary care agencies.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.